

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. A 1640 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22<sup>th</sup> / 87  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Prida Bucke  
Sex, Male or Female, { Cross out the word not required in this line. } female  
Age, 11 Years, 11 Months,  Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation, none  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore  
Duration of Residence in the City of Baltimore, Life  
Place of Death, { Give Street and Number. } 1010 Hanover Street  
Cause of Death, { First (Primary), Furthing  
Second (Immediate), Spasms }  
Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery  
Date of Burial, July 23<sup>th</sup> / 87  
{ Undertaker, B. Harle } James A. Stinson M. D.  
{ Place of Business, West St } Camp 60 R Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death.  
H. C. Seward S. J. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A11641 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
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CERTIFICATE OF DEATH.

Date of Death, July 22 - 87

Full Name of Deceased, Britha Fuckerstein

Sex, Male or Female, {Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, city

Birth Place, {State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, {Give Street and Number. } 252 N Euter St

Cause of Death, {First (Primary), Cholera Infantum  
Second (Immediate), Meningitis Cerebral

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden Rest Synagogue B'nai

Date of Burial, 23<sup>rd</sup> July 1887

{ Undertaker, Isaac Heifeld } M. D. J. G. Lloyer

{ Place of Business, 188 N High Street Address, 4 N Euter } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1642

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH

Date of Death, July 21<sup>st</sup> 87

Full Name of Deceased, Charles Small  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 20 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Blk

Married, Single, ~~Widow~~ or ~~Widower~~, Single  
{ Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, B. City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, 6 W. North St  
{ Give Street and Number. }

Cause of Death, Injury to arm  
Septicemia  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 29 1887

{ Undertaker, Herbert Ross }

{ Place of Business, 404 E. Conaway St }

R. A. P. Allen

M. D.

Medical Attendant.

Address, 915 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 643, Office of Registrar of Vital Statistics, • Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 21 1887  
Full Name of Deceased, Edward Prime { Write legibly and spell correctly. If an Infant not named, give names of parents. }  
Sex, Male ~~Female~~ { Cross out the word not required in this line. }  
Age, 39 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, Caucasian ✓  
Married, Single ~~Widow or Widower~~ { Cross out the words not required in this line. }  
Occupation, Capt. Coal Scow  
Birth Place, Dorchester Co. Md { State or Territory, and how long in the United States, if of foreign birth. }  
Duration of Residence in the City of Baltimore, about 16 yrs  
Place of Death, Layton's Wharf, Alameda St { Give Street and Number. }  
Cause of Death, Accidental Drowning { First (Primary), Second (Immediate), }  
Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laura Cemetery  
Date of Burial, July 24 1887  
{ Undertaker, Veronica Ross } C. F. Rutledge M. D.  
{ Place of Business, 403 N. Broadway } Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

*A 1644* Office of Registrar of Vital Statistics.

Ward

*19<sup>2</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death,

*July 22, 1887*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*William H. Roberts*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

*48* Years,

Months,

Days.

Color,

*Colored*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

*Porter*

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*Md*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

{ Give Street and Number. }

*610 Starkins Alley*

Cause of Death,

{ First (Primary),

Second (Immediate),

*Gastritis acute*

*Exhaustion*

Duration of Last Sickness,

*One month*

All the above information should be furnished by the Physician.

Place of Burial,

*Wood Cemetery*

Date of Burial,

*July 23<sup>rd</sup> 1887*

{ Undertaker,

*St. J. Dunger*

*O. Edward Jamney* M. D.

Medical Attendant

{ Place of Business,

*150 East St*

Address,

*832 N. Eutaw St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



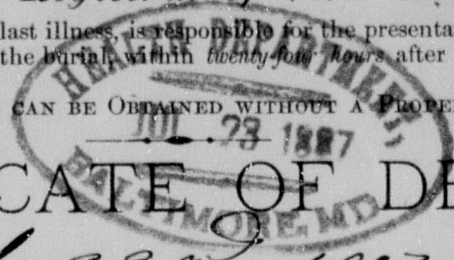
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 11645 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 22<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah A. Price

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 41 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, about 23 years

Place of Death, { Give Street and Number. } 1240 W. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, about 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 24 1887

{ Undertaker, B. M. Leonard & Son } John F. White M. D. Medical Attendant.

{ Place of Business, 1058 W. Baltimore St } Address, 1039 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this form.

# Health Department, City of Baltimore.

Permit No. A 1646

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July, 21<sup>st</sup> / 1887 = 9 AM.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie R daughter of William Scott

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

3

Years,

5

Months,

21

Days.

Color, Ed

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Infant

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Now 523 S Vallis St

Place of Death,

{ Give Street and Number.

Cause of Death,

{ First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Laural Cemetery

Date of Burial,

July 24 / 1887

Undertaker,

Chas S Butler

Place of Business,

510 N. Caroline St

Address,

1102 S Balto St

A. S. M. Shorzen

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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# Health Department, City of Baltimore.

Permit No. A 1647 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 22<sup>nd</sup> 1887

Full Name of Deceased, Harry Diggs { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Five Years, Twenty three Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 211 S. High St.

Duration of Residence in the City of Baltimore, 5 months 23 days

Place of Death, { Give Street and Number. } 211 S. High St.

Cause of Death, { First (Primary), Diphtheria }  
{ Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 24<sup>th</sup> 1887

{ Undertaker, Wm. S. Fry } B. F. Maguire M. D.  
Medical Attendant.

{ Place of Business, 301 N. Broadway } Address, 111 S. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1648 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 21st.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cashmere Morris

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 723 Pierce St.

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Malarial fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, July 24 1887

{ Undertaker, B. W. Chase } R. M. Hall M. D.

{ Place of Business, 641 Howard } Address, 1019 D. Hill Ave Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. A 164 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Liddia Bell July 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Liddia Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years,            Months,            Days.

Color, Black

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }           

Occupation,           

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Montgomery Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give Street and Number. } Bruce Street # 1416

Cause of Death, { First (Primary), Second (Immediate), } Disease of the heart.

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 24 1887

Undertaker, S. M. Chase L. G. Sparrow M. D.

Medical Attendant.

Place of Business, 641 Howard Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]